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indicated unless corrected below maintenance fee notifications.	w or directed otherwise	in Block 1, by (a)	specifying	a new correspondence address;	and/or (b) indicating a sep	arate "FEE ADDRESS" for
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26389 7590	10/01/2004		have its own certificate	of mailing or transmission.	,	
CHRISTENSEN, O' PLLC 1420 FIFTH AVENUI SUITE 2800	E	To the second	vess,	I hereby certify that the States Postal Service v	tificate of Mailing or Tran is Fee(s) Transmittal is bein vith sufficient postage for fi I Stop ISSUE FEE address TO (703) 746-4000, on the	smission ng deposited with the United rst class mail in an envelope s above, or being facsimile date indicated below.
SEATTLE, WA 98101-2347			g	Carole July	yan	(Depositor's name)
,	夏	٠.	\mathcal{G}_{i}^{I}	Carole, C	rilian	(Signature)
SUITE 2800 SEATTLE, WA 98101-2347 APPLICATION NO. FILING DATE			<i></i>	December 28	3, 2004	(Date)
APPLICATION NO.	FILING DATE	FIRST NAME		D INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/615,959	07/08/2003	David R		R. Eyre	WROS121249	1237
TITLE OF INVENTION: COLLAGEN TYPE III SYNTHETIC PEPTIDES FOR COLLAGEN RESORPTION ASSAY 4/2005 BABRAHA2 00000066 10615959						
				1 05	FC:1501 FC:1504	1400.00 OP 300.00 OP
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$1400		\$300	\$ 1700	01/03/2005
EXAMINER		ART UN	T	CLASS-SUBCLASS		
HARLE, JENNIFER I 16		1654		514-016000		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a			
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME AND RE	SIDENCE DATA TO B	E PRINTED ON T	HE PATEN	T (print or type)		****
PLEASE NOTE: Unless an recordation as set forth in 37	assignee is identified be CFR 3.11. Completion of	low, no assignee of of this form is NOT	lata will app a substitute	pear on the patent. If an assign for filing an assignment.	ee is identified below, the	document has been filed for
(A) NAME OF ASSIGNEE			(B) RESIDENCE: (CITY and STATE OR COUNTRY)			
Washington Research Foundation Seattle, Washington						
Please check the appropriate assignee category or categories (will not be printed on the patent):						
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Publication Fee (No small entity discount permitted)			Payment by credit card. Form PTO-2038 is attached.			
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The Director of the USPTO is re NOTE: The Issue Fee and Public interest as shown by the records	cation Fèe (if required) v	vill not be accepted	. from anyon	ny) or to re-apply any previously e other than the applicant; a regi	y paid issue fee to the applic stered attorney or agent; or	ation identified above. the assignee or other party in
Authorized Signature	ming KShe	ltm	•	Date De	cember 28, 200	4
Typed or printed name	Dennis K! She	lton		_ Registration	No. <u>26,997</u>	
This collection of information is an application. Confidentiality is submitting the completed applic this form and/or suggestions for Box 1450, Alexandria, Virginia Alexandria, Virginia 223 15-1450	ation form to the USPT reducing this burden, sh 22313-1450. DO NOT 0.	O. Time will vary hould be sent to the SEND FEES OR C	depending u Chief Inform OMPLETE	pon the individual case. Any co	omments on the amount of t Trademark Office, U.S. Dep S. SEND TO: Commissioner	ime you require to complete partment of Commerce, P.O. for Patents, P.O. Box 1450,